

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS234AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/05/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>TRINIBELLE ELDERLY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5319 STAMPA AVE LAS VEGAS, NV 89146</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on 8/5/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed as a six (6) bed Residential Facility for Groups which provides care to persons with Mental Illness, Category I residents.</p> <p>The facility has requested a bed increase from six beds to seven beds.</p> <p>The census at the time of the survey was 6 residents. Six resident files were reviewed and two employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 085 SS=F	<p>449.199(1) Staffing-CG on duty all times</p> <p>NAC 449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility.</p>	Y 085		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 085	Continued From page 1  This Regulation is not met as evidenced by: Based on interview, the Administrator failed to ensure that a staff member was on the premises when 1 or more residents were present in the facility.  Findings include:  Interview of Employee #2 revealed that a qualified caregiver is not always present to provide food, shelter, assistance and limited supervision to residents. Employee #2 stated that at times when she needs to run errands a "friend" stays at the home. There was no employee file available for the "friend".  Severity: 2 Scope: 3	Y 085		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.  This Regulation is not met as evidenced by: Based on observation the facility failed to ensure that the premises were well maintained.  Findings include:	Y 178		

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Y 178	Continued From page 2  1. The ceiling light in the hall bathroom did not function.  2. The tile grout on the kitchen counters were cracked, partially missing and dark in color.  3. The water in the swimming pool was cloudy and green.  Severity 2                  Scope 3	Y 178		
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on observation, the facility failed to maintain one smoke detector in proper operating condition.  Findings include:  The smoke detector in the living room failed to alarm when tested.  Severity: 2    Scope: 3	Y 444		
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that	Y 898		

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Y 898	<p>Continued From page 3</p> <p>provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on interview, review of the medication administration record (MAR) and the labelled prescription, the facility failed to ensure that instructions for administering a medication reflected the current physician order on 1 of 6 residents. (#4)</p> <p>Findings include:</p> <p>The prescription label on Resident #4's medication bottle read Clonazepam 1 mg, take 1 tablet twice a day. The MAR listed the dose as one-half tablet twice a day.</p> <p>Interview with Employee #2 indicated that the physician had changed the medication order. There was no documentation to confirm the order change.</p> <p>Severity: 2      Scope: 1</p>	Y 898		

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